

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. SP0760-04-V-4847		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2004 JAN 08		4. REQUISITION/PURCH REQUEST NO. YPC03352000022		5. PRIORITY DOA3	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMECJ (614)692-7655 / FAX: (614)693-1551 E-mail: Kathleen.Koo.@dla.mil				7. ADMINISTERED BY (If other than 6) DCMC MARYLAND 217 EAST REDWOOD ST SUITE 1800 BALTIMORE MD 21202-5299 CRITICALITY: A		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR NAME AND ADDRESS COMPTECH CORPORATION 15944 DERWOOD ROAD ROCKVILLE MD 20855-2123		CODE 0BR38		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 136 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED	
						12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15	
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		CODE		15. PAYMENT WILL BE MADE BY ATTN DFAS CO BVDPC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 EFT: T		CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER	<input type="checkbox"/> DELIVERY	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	<input type="checkbox"/> PURCHASE		Reference your offer dated 2004 JAN 05, 47622-29 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE
CG: 97X4930 5CC0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. Duty free entry authorized.	TOTAL: 2			

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA Alan Searfoss BY:		PBBT004	25. TOTAL \$ 18880.00
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		33. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		34. CHECK NUMBER		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		35. BILL OF LADING NO.	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
42. S/R VOUCHER NO.		43. S/R ACCOUNT NUMBER		44. S/R VOUCHER NO.	

SECTION B

PR YPC03352000022
 NSN 4320-01-359-2428

ITEM DESCRIPTION:

RING, WEARING.

VICKERS P L C	(44071)	P/N	A2.39.529
MICHELL BEARINGS LTD	(U1570)	P/N	70143 ITEM 18
MICHELL BEARINGS LTD	(U1570)	P/N	70144 ITEM 18
MICHELL BEARINGS LTD	(U1570)	P/N	A2.39.529

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03352000022	0001	2	EA	\$9440.00000	\$18880.00

QTY VARIANCE: PLUS 0% MINUS 0%
 INSP/ACCEP POINT: I/A/W FAST PAY PROCEDURES

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
 MIL-STD-129 (LATEST REVISION) MARKING AND BAR
 CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 MAY 23

PARCEL POST ADDRESS:

V47316
 SHORE INTERMEDIATE MAINTENANCE
 ACTIVITY
 120 CORAL SEA RD SUITE 59
 INGLESIDE TX 78362-5020

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

V47316
SHORE INTERMEDIATE MAINTENANCE
ACTIVITY
188 CORAL SEA RD BLDG 233
INGLESIDE TX 78362-5020

M/F: (TCN) V4731633502G0C XXX
RDD 365
PROJ LK5 TP 2
SUP ADD Y21836 SIG A

FOR GOVERNMENT USE ONLY: IPD 06

DIC A4A DIST 9C ADV FC MH

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REMIT PAYMENT TO:

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CONTINUATION SHEET

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE
DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND
RESULTING AWARDS REVISION 13 FOUND ON THE DSCC WEB SITE AT
<http://dibbs.dsc.dla.mil/refs/provclauses/>